

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10749089**  
APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4		1				
5		4				
6		1				
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TOTAL IND.	1					
TOTAL DEP.	16					
TOTAL CLAIMS	17					
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